

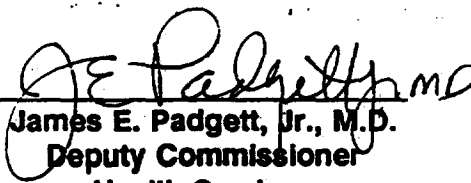
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SOUTH CAROLINA
AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION (ASSIST)
RFP NUMBER: NCI-CN-95165-38

TECHNICAL PROPOSAL

ORIGINAL

SUBMITTED BY
S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CENTER FOR HEALTH PROMOTION
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COLUMBIA, SC 29201
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SEPTEMBER 21, 1990

This proposal is predicated upon all of the terms and conditions included in the Request for Proposals.

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SECTION I
INTRODUCTION

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- I. Introduction: This section describes the state of SC: its population distribution and demographics; organization, structure, political and geographical factors; and discusses proposed organization of the site for intervention. Required demographic tables are included.

Since the end of World War II, SC has sought to bring about a reversal of several trends which have mired it among the lowest rankings in economics and health status. In per capita income, SC ranks 42nd. Twenty-one percent of South Carolinians live below the federal poverty line. The illiteracy rate in SC ranks third in the nation. Only 54% of adults have completed high school, and the current dropout rate is 35%. SC has a large rural population (46%) and a large black population (31%), both associated with lower economic and health status. High rates of both chronic and acute diseases exist in SC. Obviously, much remains to be done.

On the other hand, SC has a relatively strong and diverse economy. An Educational Improvement Act was implemented in 1984 to enhance primary and secondary education. There has been tremendous growth in tourism and other service industries. The centrally organized SC Department of Health and Environmental Control is one of numerous health resources working collaboratively to improve the health of the state's citizens. And despite the fact that tobacco is the state's number one cash crop, a Clean Indoor Air Act was passed in 1990. SC certainly has a long way to go, but it is a state which is on the move.

- A. General Description of the State: SC is an Atlantic coast state, bordered on the north by North Carolina, on the south and west by Georgia, and by the Atlantic Ocean on the east. It is a relatively small state, with an area of 31,113 square miles of which 909 square miles are water. The population is 3.5 million.

SC's recorded history goes back more than 400 years. Less than 30 years after the discovery of America, Spanish explorers were sailing along the present day coastline. The first attempt at colonization, by the Spanish, dates back to 1526. However, the first permanent settlement was not established until 1670 when the English settled Albemarle Point, and 10 years later, Charleston. By the 1700's inland settlements were developing. During the late 1700's, SC played a vital part in the American Revolution. In 1788, SC became the eighth state to ratify the Federal Constitution and join the union.

On December 20, 1860, SC was the first state to secede from the Union. Soon after, Fort Sumter, in Charleston Harbor, fell to the Confederates and remained in their hands until 1865 when Charleston was evacuated. In that same year,

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General Sherman ravaged through SC and burned Columbia, the state capital.

Post-war SC was occupied by federal troops until the government was restored to the people with the election of Wade Hampton in 1876. The war left SC in economic collapse. Although some recovery occurred in the 1880's when the textile industry began to flourish, it wasn't until after World War II that great progress was made. The state experienced an industrial revolution in the 1940's. Today, SC's economy is strong. It is a leader in textile and other manufacturing fields. Tourism is SC's second leading industry. Agriculture, which once dominated the state's economy, is declining but still contributes significantly to it.

Nicknamed the Palmetto State for the small palm trees which are abundant along the coast, SC has a variety of terrains from the mountains to the seashore. Appendix I-1 provides a map of the state, showing counties and major towns and cities.

- B. Population Distributions and Demographics: The population of SC has grown steadily from 2.4 million in 1960. SC currently has a population of 3.5 million people and is predicted to exceed four (4) million by the year 2000. This growth rate reflects both natural increase and in- migration. SC ranks 12th nationally for net total migration. Natural increase (births minus deaths) is about 24,000/year based on 1987 data.

The state has five Standard Metropolitan Statistical Areas (SMSAs): Charleston, Columbia, Greenville-Spartanburg, Anderson and Florence. Also included are parts of the Augusta, Georgia (Aiken, SC) and Charlotte, North Carolina (Rock Hill, SC) SMSAs. The majority of the state's residents live in the Charleston, Columbia and Greenville-Spartanburg SMSAs. Each has central city populations of 250,000 - 390,000 with metropolitan area population nearing 500,000. SC's rural population remains high due to the rural distribution of manufacturing plants and the ease of commuting.

Nationwide, blacks account for approximately 13% of the population. In the South, they represent 18%. SC, with 31%, is one of two states with greater than 30% black population. Based on 1988 population estimates, SC has 1,051,125 black residents. This represents 97% of the minority population of the state. It is expected that the non-white population will grow nearly 40% between 1980-2000, accounting for 33% of the population in the year 2000.

SC's population is distributed differently based on color. Of all blacks in SMSAs, 37% lived in central cities while 63% lived in the outlying areas. For whites, 20% lived in the

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central city and 80% in the suburbs. Nationwide, more than four out of five blacks live in metropolitan areas; while in the South over 90% reside in non-metropolitan areas. About 71% of SC blacks live in rural areas.

Hispanics make up the second largest minority population (1.1%) with 38,160 persons in 1988. All other non-white population totaled 25,973, about 0.8% of the state's population.

By age category, the largest number of the state residents are in the 25-34 year age group, followed by those 15-24 and those 5-14. For ages 0-24 year olds, males exceed the number of females. At ages 25-34, the distribution is approximately equal, with women predominating in all older age groups. Based on 1988 estimates, females slightly outnumber males in the state: 1,784,000 to 1,685,000.

Over 21% of the SC population lives below the federal poverty level; SC ranked in the top 10 states in this regard. In 1986 the per capita income was 82% of the nation's: \$11,000 compared to \$15,000. According to the 1980 census, the median family income was \$16,978. The white SC median family income was \$19,122, 8% below the United States level of \$20,835, but over 40% above the corresponding level for SC blacks at \$11,294. One of the key factors for low income in the black population is the high proportion of single parent households headed by women.

The population is maturing as the "baby boom" cohort ages. In 1980 the largest single age group was 15-24. Currently, the 25-34 year group is the largest, and by the year 2000, the largest number of state residents will be in the 35-44 group. As with the national trend, there is a growing number of elderly. In SC, this primarily results from in-migration of retirement age white individuals. Between 1980 and 1990, a 45% increase in this group was expected. At the same time, the 15-24 age group will decline due to "baby boomers" postponing marriage and children.

The growth rate among non-whites (14% per year) exceeds that for whites (9% per year). Between 1980 and 2000, a 151% increase is projected for the 35-54 non-white population, compared to a 93% increase for the group overall. In 1980 and 1990, the largest age group for the non-white population was 25-34. This is expected to be the age group 35-44 by the year 2000.

By county, the largest projected growth rate is expected in the coastal counties with Dorchester County rated number one

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with an estimated growth rate of 135% between 1980 and 2000. Beaufort County ranks a close second at 132% growth. In overall numbers, Greenville County ranked first in growth in 1980 with 287,913 residents and is projected to maintain this rank in 2000 with 342,500 residents.

The elderly population of the United States is growing at a rate twice as fast as the rest of the population, and as previously noted, the trend holds true in SC as well. By the year 2000, the proportion of the population 65 and over is expected to reach an all time high of 11.2%. This demographic trend has significant implications for the social service and health care arenas. Of particular significance is the poverty rate of the elderly (25%), which exceeds that of the general population (17%). Census data indicate that the elderly poor today are the "oldest of old women, minorities and those who live alone." On the average, the black population is younger than the white population. In part this is due to the shorter life expectancy of black males.

Blacks have a disproportionately higher rate of poverty than whites. This contributes directly to the wide gap in health status between white and black South Carolinians. Factors associated with this higher death rate are poverty, lack of education, poor lifestyle practices due to lack of knowledge and skill in preventive health care, conflicting motivations and inadequate access to health care. Since about 71% of blacks live in rural areas, access can be a particular problem. Higher unemployment in the rural areas further compounds the problem.

SC has one of the lowest life expectancies in the nation, ranking 49th in 1979-81. Much of this is due to the large black population and widespread poverty in SC. Based on United States Census Bureau statistics for the years 1979-1981, SC blacks died an average of 5.8 years earlier than whites (67.8 vs 73.6 years). Further, blacks in SC died 2.1 years earlier than blacks in the nation. Black males had the shortest life expectancy in SC and in the nation.

In 1988, the SC civilian labor force was 1,680,000. Nationally for that year, SC ranked 26th in the total civilian labor force. The unemployment rate of 4.5% placed SC 32nd. The female participation rate was 57% (ranked at 33rd) and the average annual pay was \$18,009. In 1985, 35% of the labor force was non-white. By 2001, it is expected that this percent will increase to 40%.

The largest age group in the labor force during 1987 was 25-34 year olds, and this has continued through 1989. In the next decade, it is projected that SC will experience an increase in

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the prime age workers in the labor force, especially as more women enter the labor force.

Unemployment rates among non-whites exceeds that for whites (3.2% white men, 4.4% white women), although non-white men generally fare better than non-white women (7.4% vs 10.2%). The highest unemployment rate is in non-white females ages 16-19, estimated at 27% for 1990.

Among the state's 46 counties, Greenville (in the Piedmont region) had the largest labor force in 1989 (165,610), Lexington (Midlands) the lowest unemployment rate (3.29% in 1987) and the projected highest unemployment rate in 1989 was found in McCormick County (11.8%).

SC's economy primarily consists of agriculture, manufacturing and tourism. Agriculture, which has been declining since 1985, receives the largest percentage of cash crop revenue from tobacco (30.9%), followed by soybeans (18.6%) and corn (11.4%). Other major products include cattle and calves, dairy products, soy, eggs, hogs, peaches, cotton, turkeys, corn and wheat.

Although agriculture has been on the decline since 1985, it still contributes significantly to the state's economy. Over 30% of revenue generated in agriculture comes from tobacco, which is the state's leading cash crop. In 1988, that translated into \$161.6 million dollars. With related jobs and industry, it is estimated that the impact of tobacco on the state's economy is \$746.6 million.

The SC flue-cured tobacco crop, 102,480,000 pounds in 1989, ranks second only to North Carolina in production. Most of the tobacco is grown in 18 counties in the Pee Dee region of the state, with the counties of Horry, Marion, Dillon, Darlington, Florence and Williamsburg accounting for most of the production. Horry predominates with 27,311,000 pounds produced in 1988. Statewide in 1988, 45,000 acres were harvested with a yield of 2,225 pounds per acre for a total of 100,125,000 pounds. Tobacco acreage in 1990 is expected to total 51,000 acres - a 6% increase over 1989.

SC jobs related to the tobacco industry are estimated at 15,128. This includes those related to tobacco growing (8,421), auction warehouse (518), manufacturing (582), wholesale trade (360), suppliers to tobacco industry (2,498) and retail trade (2,749).

When compared to other states, SC is heavily dependent on manufacturing. In 1985, manufacturing accounted for 22% of the state's income compared to less than 17% nationwide.

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Currently, it accounts for 27%. The production of non-durable goods dominates the manufacturing sector. Textiles and related employment account for 42% of the total manufacturing employment, while durable goods employment accounts for one in three manufacturing jobs. On the decline for the past decade, manufacturing in SC is expected to rebound with slight growth by 2000, but its share of jobs is expected to shrink 22% by 2000. Textile and apparels are expected to continue their decline, while growth will occur in other sectors, particularly durable goods. The greatest growth is anticipated in machinery, lumber and wood, paper and allied products, foods and fabricated metals.

Travel and tourism is SC's second largest industry, generating more than \$6.93 billion annually and providing jobs for over 189,000 South Carolinians. Due to continued growth in recreational activities and expanding retirement communities, it is expected that tourism will directly impact the state's economy by over \$10 billion by 2000.

The U.S. Department of Commerce estimates personal income of South Carolinians at \$40.6 billion in 1987, ranking the state 28th in the nation that year. Between 1980-1987, total personal income grew by 16.8 billion or 71%. Nonetheless, SC lagged behind the Southeast and the nation with an average per capita income of \$11,858. This was \$3,482 below the national level. Based on U.S. Census Bureau data, the median household income in SC in 1979 was \$14,711.

- C. State Organization, Structure, Political and Geopolitical Factors: The state government is composed of three branches; executive, legislative and judicial.

The Executive Branch includes the Governor and other state-level officials. SC's Governor has restricted formal power through shared executive responsibility, little direct appointment authority, and primarily a persuasive role in state budgeting. The significance of the Governor's office derives from the skillful use of informal powers to influence public decisions.

The Legislative Branch is the General Assembly which includes the Senate (46 members elected for four years from senatorial districts) and the House of Representatives (124 members elected from districts). The Legislative branch historically has been the dominant political force in SC.

The SC legislature, like other legislatures, has several types of leadership positions: presiding officers, party leaders, and committee chairs. In SC, the presiding officers are, by far, the most influential of this group.

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The House of Representatives elects its presiding officer, who is called The Speaker of the House. The Speaker's office in SC is quite powerful. The Speaker appoints all committee members in the House. This is an effective tool for influencing the course of legislation. She/he also affects the fate of proposed legislation by determining what committee it should be referred to and by managing floor debate on bills reported out by the committees.

The leadership function in the Senate is divided among the Lieutenant Governor and the President Pro Tempore of the Senate. The Lieutenant Governor serves as the presiding officer of the Senate. She/he also is empowered to vote to break ties in the Senate. The President Pro Tempore is chosen by the Senate, and has traditionally been the most senior member of the Senate. Like the Speaker of the House, the President Pro Tempore performs important leadership functions. She/he is responsible for seeing that legislation is processed through the General Assembly. This commonly involves striking compromises with the Governor, negotiating agreements among the members, and working to prevent a filibuster from interrupting the timely debate of proposed legislation.

The SC General Assembly operates with a committee system in each chamber. The Senate uses 15 standing committees. Committee assignment is made solely on seniority. The Finance and the Judiciary Committees are the most powerful and prestigious. The fifteen committees are:

1. Agriculture and Natural Resources
2. Banking and Insurance
3. Corrections and Penology
4. Education
5. Ethics
6. Finance
7. Fish, Game and Forestry
8. General
9. Interstate Cooperation
10. Invitations
11. Judiciary
12. Labor, Commerce and Industry
13. Medical Affairs
14. Rules
15. Transportation

The House has ten standing committees. The Speaker of the House appoints committee members. Committees include:

1. Agriculture and Natural Resources
2. Education and Public Works
3. House Legislative Ethic

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4. Invitations and Memorial Resolutions
5. Judiciary Committee
6. Labor, Commerce and Industry Committee
7. Medical, Military, Public and Municipal Affairs Committee
8. Operations and Management of the House Committee
9. Rules Committee
10. Ways and Means Committee

The General Assembly also has four other types of committees: Special committees to study specific issues in either House or Senate; Joint Study committees to study specific issues with members from both the House and Senate; Conference committees to work out compromises; and Interim committees to study issues between sessions. The excess of special and study committees often undercuts the effectiveness of the standing committees.

The Judiciary Branch consists of a two-tier trial court arrangement and two levels of appellate courts. Several types of judicial bodies are contained within this structure: municipal and magistrate courts, probate courts, family courts, masters-in-equity, circuit courts, the courts of appeal and the Supreme Court. The Supreme Court has administrative and rule making authority for the courts, with the Chief Justice of the Supreme Court as the administrative head of the judicial system.

Local governments have always been very much under the control of state government in SC. The General Assembly has retained close control over many local matters with which the legislatures of other states do not directly concern themselves. Local government units include counties, municipalities, and special purpose districts:

Counties: The most common unit of local government in SC is the county. The counties are an arm of state government with no inherent powers of their own. Counties perform functions such as tax collection, road maintenance and the recording of deeds and records.

Municipalities: Municipalities, another form of local government in SC, deal with needs and problems in urban areas and have considerable authority including: police powers to protect the health, safety, morals and general welfare of their inhabitants.

Special Purpose Districts: In addition to these general purpose governments, SC has special purpose districts that render specialized services. The most common is the school district, which carries out responsibility for

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public education. Other special purpose districts provide services governments can't or won't provide (ie. water, sewer, airports, zoos).

State agencies may be defined by the major services they perform within the government: line, support or policy making. Line agencies deliver public services such as Department of Youth Services, and the Department of Health and Environmental Control. Support agencies perform functions needed by other state agencies and includes agencies such as the Budget and Control Board. Policy making agencies are intended to study, plan and recommend new policies to solve existing or future problems and include agencies such as the Water Resources Commission.

State agencies may also be described by their function, with 120 agencies providing education, health, social rehabilitation, correction, conservation, regulatory, and transportation services. The major health agencies are the Health and Human Services Finance Commission, the Mental Retardation Board, the Department of Mental Health and the Department of Health and Environmental Control. Some of these agencies perform single program functions, whereas others are conglomerate organizations, such as the Department of Health and Environmental Control. While these large conglomerate organizations frequently present the appearance of conflict, they are also credited with making tasks of control and coordination easier by decreasing the number of agencies with which the executive and legislature must deal.

Policy for these state agencies is carried out through commissions, boards and councils. These governing bodies are appointed by different methods. Some are appointed by the Governor, some by the Legislature, some are ex-officio and others by combinations of these three. For example, the SC Department of Health and Environmental Control is governed by a board that is appointed by the governor. The board, in turn, appoints the commissioner. In addition, SC is one of only five state health departments that have a centralized structure. The central office establishes policies and procedures that must be implemented by the statewide health districts. This organizational structure allows for the vital linkages from the state to local levels and is ideal for carrying out uniform interventions throughout the state of SC.

While various forms of leadership among state agencies results in fragmented authority, this fragmentation can be a stabilizing force. For example, when a new Governor takes office, the majority of state agencies do not change leadership or direction. This allows state agencies and their constituencies to exercise a degree of autonomy not visualized

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in the original classic pattern of balanced authority.

D. Proposed Intervention Areas: Because of SC's relatively small size, the entire state is proposed as the intervention site. Although the predominance of the state's residents live in the three largest SMSAs (45% in Charleston, Columbia, and Greenville-Spartanburg) and thus provide relatively easy access (schools, worksites, health care system, community networks and community environment), rural areas will be targeted as well. This is crucial because the rural areas represent an "at-risk" population. Rural populations include high proportions of the poor, blacks and blue collar workers. Although rural areas may be isolated in terms of access to resources, they are not particularly geographically isolated in SC. Both the State Department of Health and Environmental Control and the SC Division of the American Cancer Society have organizational structures which encompass the entire state with little extra effort, this significant "high-risk population" can be reached.

E. Required Tables: Table I.E.1 and Table I.E.2 are provided as requested.

1. Table I.E.1 presents the SC population distribution by age and gender.
2. Table I.E.2 presents population estimates by race and Hispanic origin.

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TABLE I.E.1
Population Distribution by Age and Gender
(Number in Thousands)

AGE	MALE	FEMALE	TOTAL
Under 5	132	126	259
5-14 years	266	255	521
15-24 years	294	283	576
25-34 years	312	314	626
35-44 years	240	250	490
45-54 years	158	173	332
55-64 years	133	155	287
65-74 years	104	135	240
75-84 years	39	71	109
85 and over	7	22	29
TOTALS	1,685	1,784	3,469

Source: "State Population and Household Estimates, 1981-1988."
Current Population Reports, p-25 Series, No. 1044, 1989.

Table I.E.2.
Population Estimates by Race and Hispanic Origin

Race/Ethnicity	Number (in Thousands)	Percent of Population
White	2,276	68.3
Black	1,012	30.3
Hispanic	200	.6
Other	27	.8
TOTAL	3,335	100.0

Source: Population Estimates by Race & Hispanic Origin for States,
Metropolitan Areas and Selected Counties 1980-1985

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SECTION II
STRUCTURE OF CHANNELS OF SMOKING
PREVENTION AND CONTROL

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II. Structure of Channels for Smoking Prevention and Control: This section discusses potential channels for conducting smoking prevention and control activities: the health care system, worksites, schools, community networks, and community environment.

A. Health Care System: The health care system is discussed according to the organization of the health care delivery system, the organization of health care providers and the roles of health care-related unions. Required tables are included.

1. Organization of the Health Care Delivery System: The health care delivery system in SC includes fee-for-service health maintenance organizations, preferred provider organizations, and state administered public services.

a. Fee-for-Service:

Facilities: Fee-for-service health care is available through 71 general hospitals, 122 long term care facilities, 88 facilities for the mentally retarded, 20 psychiatric centers and five rehabilitation institutions. There are also 12 residential facilities and 49 outpatient facilities for alcohol and substance abuse, as well as seven detoxification centers. With the exception of vocational rehabilitation, substance abuse, mental health and mental retardation, the distribution of health care facilities throughout the state is based on geographical, trade and political considerations, as well as population concentration. The remaining services are determined on a statewide basis by need. Of the state's 46 counties, 40 have at least one short term stay hospital and one-third of these have two or more. The bed ratio is less than 300 people per short stay bed.

Health Care Providers: Fee-for-service medical care is provided by 5,147 physicians, approximately half of whom practice primary or general care. Every county has a minimum of four physicians. In the smaller counties, primary care practitioners tend to be the only practicing physicians. The largest numbers of physicians are found in the three largest metropolitan areas - Greenville/Spartanburg, Charleston and Columbia. The Medical University of SC is located in Charleston, and the University of SC Medical School is located in Columbia. As the number of physicians in an area increases, there is a corresponding decrease in the percentage who practice primary care. In Charleston, for example, only one-third of physicians

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provide primary care services.

There are also over 700 mid-level health care practitioners--Physician Assistants (10%) and Nurse Practitioners (90%). Geographically, over 50% of these are located in the state's three largest metropolitan areas. Registered nurses (16,281), licensed practical nurses (7,641), dentists (1,252) and pharmacists (2,396) are similarly distributed.

Access: In terms of health care access, SC has nearly 1 million persons "at risk" of becoming medically indigent. Sixty percent of those have no insurance, while the remainder have inadequate insurance. Young, black females comprise a disproportionate percentage of this group. The ratio of individuals per primary care provider in each county ranges from 250:1 to 2400:1. This ratio tends to be highest in the northeastern counties. This is consistent with the fact that the state's highest poverty rates are found in counties located primarily in the east and south coastal regions. The largest percentage of medically indigent are found in counties which have high poverty rates, and where small firms (<20 employees) account for the majority of employees in the work force. These medically indigent patients tend to utilize hospitals or public clinics for care as opposed to private physicians' offices.

- b. Health Maintenance Organizations (HMOs): As has been the national trend, the number of HMOs in SC peaked in 1987 and has since declined. Of seven HMOs licensed since 1985, only three remain in operation. In general, over 95% of all members in all these HMOs are under age 65, and none accepts Medicare or Medicaid reimbursement.

The Physicians' Health Plan of SC is based in Columbia and had 10,907 members at the end of 1989, served by 641 participating physicians. Corporate non-public services make up 19% of the membership, while corporate non-public manufacturing makes up another 11% of the enrollment.

Companion Health Care is based in Columbia and had 23,153 members in December of 1989, served by 114 medical doctors. Companion is a wholly-owned subsidiary of Blue Cross/Blue Shield of SC. Over 65% of enrollees are state employees.

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The remaining HMO, Healthsource SC, Inc. is based in Charleston. At the end of 1989, it had 14,260 members and is the only state HMO which continues to increase its membership numbers each year. It is a wholly-owned subsidiary of Physicians' Health System. Enrollment is 20% federal employees, 19% county employees, 22% state employees, 32% corporate non-public service employees and 25% corporate non-public manufacturing employees.

- c. Preferred Provider Organization (PPOs): The actual number of PPOs in SC is not known because there is no central licensing or regulatory agency to which they are required to report. Another factor which makes them difficult to enumerate is that they are relatively fluid and may organize and dissolve in relatively short periods of time. A variety of arrangements among hospitals, physicians, insurance companies, brokers, and employers. From interviews with staff of the marketing divisions of several large hospitals, it is clear that PPOs are active. At least eight exist in Columbia. The overall impression is that most are inclusive of a large number of physicians to whom participants normally go for their health care needs and that they do not significantly restrict access to care. The PPOs tend to be located in the larger metropolitan areas and areas where industry is prevalent.
- d. Public Health Care Services: SC has a very strong centralized public health delivery network, with services provided through SC DHEC, the federally-funded primary care centers, several free medical clinics and other services through state and local networks.

SC DHEC, with its central office in Columbia, provides health and environmental programs and services to all South Carolinians. Health care is provided on primary, secondary and tertiary levels, with prevention as the top priority. Included in the health services offered are health promotion programs, immunizations, communicable disease control, prenatal care, family planning, child health, home health, and long-term care. These services are available through the 15 health district offices, 46 county health departments and 120 satellite clinic sites. Each district has a medical director in addition to nurses, nutritionists, social workers, dental health providers, health educators, counselors and administrative personnel. The local health

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departments are predominantly staffed by nurses (80-90% of employees).

Primary Care Centers: The primary care centers, represented by the SC Primary Care Association, provide services to medically under-served segments of the population. Twenty-five basic primary care services are provided through 20 community health centers, urban health initiatives, rural health initiatives and migrant centers located in 18 counties. Their focus includes prevention, as well as acute episodic care. These centers coordinate with existing area health resources to provide services, to avoid duplicating existing programs and services.

Free Medical Clinics: These clinics provide general medical care to those ineligible for Medicare, Medicaid or VA benefits, or whose incomes are insufficient to meet their health care needs. The clinics are staffed with volunteer health care personnel including: physicians, nurses and pharmacists. Patients receive needed diagnostic tests, treatment, medications, and limited counseling and education. Referrals are made to other agencies for in-depth counseling, health education, and ongoing health promotion needs. These clinics are established in the upstate (Greenville, Anderson and Oconee), midlands (Columbia), and coastal area (Charleston).

Other Community Networks: The Salvation Army, centers for the homeless, and Crisis Centers for women and children provide referral services on limited health services, such as health education and health screening. These are available in all areas of the state and are located in the larger towns and cities.

2. **Organization of Health Care Providers:** The professional associations for health care providers are a visible presence in the state.
 - a. **Medical:** The largest and most influential group of health care providers is the SC Medical Association (SCMA), which has 3523 members, nearly 60% of the state's practicing physicians. The SCMA's mission is to support the efforts of SC physicians to provide quality medical care and to promote good health for state citizens. Physicians may also belong to state chapters of national specialty associations, such as the SC Internal Medicine Society, SC Family Practice Academy, or SC Association of Pediatrics. Since membership in these organizations is by practice

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specialty, they represent much smaller numbers of physicians.

- b. Allied Health Professionals: Registered nurses are represented by the SC Nursing Association which has 1,200 members. Licensed Practical Nurses, (LPNs), are represented by the SC Federation of LPNs, which has 125 members. The SC Academy of Physician Assistants has 50 members, which represents nearly all practicing Pas in the state. The SC Dental Association membership includes 1,250 dentists, and the SC Pharmaceutical Association represents 1,500 pharmacists.
- c. Other Professional Organizations: The SC Hospital Association (SCHA) has 96 member institutions, as well as 800 individual memberships. Within the SCHA, 14 affiliate societies provide networks with peers across the state. These include societies for: educators, fund developers, risk management/quality assurance professionals, social work directors, medical staff services, attorneys, directors of volunteer services, engineers, housekeeping personnel, materials management, infection control practitioners, nurse executives, nurse managers, and chaplains.

Another large professional organization is the SC Health Care Association which has 105 member nursing homes. Although there are no formal links among the many professional organizations, they are in general, large, well organized groups which can readily be accessed and mobilized through their central association offices.

- 3. Roles of Health Care-Related Unions: SC is considered to be a non-union state although there is a visible union presence in industry, as well as in the education sectors. There is a very small influence of unions in the health care area. Nationally, the two largest unions for health care workers are the American Federal, State, County and Municipal Employees Union (AFSCME) and Service Employees International. Neither union reports any professional health care employees as members in SC.
- 4. Required Tables: Required tables are included as requested and the end of Section II.
 - a. Table II.A.4.a depicts the number of health care providers by specialty and location.

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- b. Table II.A.4.b depicts providers of continuing professional education by specialty and location.

B. Worksites: This section discusses the state's economic climate, geographic distribution of the working population, networks linking businesses, and the influence and structure of unions. Required tables are included.

1. Economic Climate: SC has a pro-business climate. In the past two years alone, the Governor and state legislature have passed eight major pieces of legislation to support economic development. During the same period, companies have responded by investing \$6 billion in the state, creating over 40,000 new jobs.

Geographically, SC is the center of the rapidly growing southeast, with over 76% of the American population living within 1000 miles of central SC. Transportation systems serving the area are excellent.

Business incentives to companies are abundant and include such benefits as no intangibles tax, no local income tax, no inventory tax, no wholesale sales tax, no value added taxes, no unitary taxes on worldwide profits, tax credits for new jobs, and tax credit for infrastructure investment. Financial assistance to businesses is afforded through a state-supported program, the SC Jobs-Economic Development Authority. This agency provides financing at below market rates to stimulate the creation of permanent jobs.

SC's high productivity level is generally attributed to its right to work law and to the steady increase of the available work force, estimated to be 30,000-35,000 new workers annually. Over the past two decades, SC has maintained one of the lowest work stoppage rates in the nation. Between 1978 and 1988, only 0.01% of work time in SC was lost to labor unrest, compared to yearly averages ranging from 0.04% to 0.12% nationwide.

Job training is readily available in the state through the presence of sixteen technical schools and multiple vocational centers with over 123 programs to meet present and future job preparation needs. SC maintains commitment to its work force through a state supported pre-employment training program for new and expanding businesses, as well as the Governor's Work Force Initiative Program which provides on-site education and literacy training.

SC has become a national leader in educational reform through passage of the Educational Improvement Act in 1984

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and more recently the Target 2000 Legislation. This has resulted in tangible educational improvement which translates directly into an improved work force. Partnerships between businesses and industries and schools also foster improved working relationships between the business and education sectors. From a developmental standpoint, major universities involved in research and development are linked to hi-tech companies in the state and this facilitates the flow of information from the laboratory to the marketplace. For example, the University of SC's Technology Transfer Center helps businesses utilize technology as it becomes available. The Center works with small to medium sized companies, helping with automation and computer aided engineering. The Center also coordinates with SC's technical college system to train students in applications of current technology.

SC's economy primarily consists of agriculture, manufacturing and tourism. Agriculture, which has been declining since 1985, receives over 30% of its revenue from tobacco. Other major agricultural products include cattle and calves, dairy products, soybeans, eggs, hogs, peaches, turkeys, corn, cotton and wheat.

SC is heavily dependent on manufacturing, which currently accounts for 26.5% of all employment, exceeding that for the nation as a whole. Government jobs, particularly in the larger metropolitan areas, also contribute significantly to the state's economy. Also, because of SC's moderate climate and many beaches, tourism has become a very important part of the economy. Indirectly, transportation, retail and service industries are most affected by tourism.

Based on the current institutional framework of the US and SC, a stable economy, and current social, technological and scientific trends, it is projected that SC will experience an increase in prime age workers in the labor force, particularly as more women enter the labor force. The trend will be towards service providing, and away from goods producing. Non-farm employment will decrease. Manufacturing, which has been declining in the past decade, will experience some rebound in the next few years, but will overall continue to decline. Due to the state's growth, the aging of the population, increased women in the workplace and tourism, service providing jobs will continue to grow tremendously.

2. Geographic Distribution of the Working Population: As would be expected with nearly 50% of the state's

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population concentrated in metropolitan areas, the majority of industries and businesses are also found in these regions. The three largest metropolitan areas - Greenville/Spartanburg, Charleston and Columbia - predominate, but other counties with large concentrations of the work force include Anderson, Aiken and Florence.

The largest worksite establishments are in the manufacturing sector, which dominates establishments numbering 100 or more employees. Retail, trade and business service represent the majority of worksites with less than 20 employees, while retail, business and manufacturing firms dominate the majority of mid-sized establishments with 20-100 employees.

When geographical distribution by occupation is examined, the largest number of federal government employees is concentrated in Charleston due to the presence of the naval shipyard. Other counties with large concentrations of federal and state government employees include Richland, Greenville, Beaufort and Sumter. Federal employees are associated with the presence of military bases in these areas.

The majority of farming occurs in a three county area in the east central region of the state and includes Florence, Horry and Williamsburg counties. Mining is scattered throughout the state, occurring in 31 of the state's 46 counties. It tends to be concentrated in the Aiken, Kershaw/Chesterfield, Richland/Lexington and Greenville areas.

The largest number of manufacturing employees is found in the state's largest three cities, with Greenville/Spartanburg having by far the largest concentration. York and Anderson counties, also located in the northwest corner of the state, have a large number of manufacturing employees.

Construction is similarly concentrated, predominating in Greenville/Spartanburg, followed by the Columbia area and Charleston. York county also has a large concentration of construction employees. The transportation industry follows a similar distribution among the three largest metropolitan areas.

Wholesale and retail trade follows the same pattern of distribution. In addition, Anderson, Greenwood, Aiken, York, Beaufort, Florence and Horry counties have significant numbers of retail businesses, in part due to location of other industry and tourism.

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As expected, financial, insurance, and real estate are similarly concentrated in the three largest SMSAs. Anderson, Greenwood, Beaufort and Horry counties also have large numbers of these business. Business services are likewise distributed, with the addition of Florence and York counties. Health and social services again predominate in Greenville/Spartanburg, followed by Richland/Lexington, and lastly by Charleston. Horry, Greenwood/Anderson, York, Florence and Horry counties are other counties with significant numbers of health and social service employees.

3. Networks linking businesses: The most predominant networks linking businesses to one another are the Chambers of Commerce. There are 46 chambers located throughout the state. Within the substructure of the chambers are divisions for civic, cultural, educational, political, religious, service, merchants, trade and professional groups as well as health and medical, hobbies, special interests, military, lodges, neighborhood associations, women clubs, senior citizens and sports and recreation organizations. In the trade and professional division, there are many business specialty groups representing all areas of business and industry, as well as groups with more general membership, such as the Better Business Bureau. The various Chambers of Commerce throughout the state provide a strong local link between businesses and industry, as well as on a statewide basis.

The Rotary Clubs are another prominent link among businesses. There are two districts in SC and a total of 105 clubs with a membership of 7,682. Most often these groups serve a variety of business people in their immediate areas, thereby providing important links and communications networks between local businesses.

Another important network for business in SC is the Association of Regional Councils. The ten councils have linked all the counties and municipalities for 20 years. The councils work with the public and private sector to plan and promote the construction of facilities and delivery of services. This is done through the advisory committees that guide such activities as economic development, environment, tourism, aging, transportation, and infrastructure.

4. Influence and Structure of Unions: SC is viewed as a non-union state, where unions have a visible presence and yet a relatively small influence. As previously noted, SC has had one of the nation's lowest work stoppage rates in the past two decades. For 1989, there were only three strikes

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involving 272 workers representing a total of 26,112 of lost hours.

The SC Department of Labor reports a total bargaining union membership at 20,236 for 1989. This translates into 201 total union contracts. There are a total of 34 unions statewide. The largest bargaining union in the state, with 3,236 members, is the Communication Workers of America. Other top unions include the International Brotherhood of Electrical Workers, Amalgamated Clothing and Textile Workers, United Papermakers International, and the International Brotherhood of Teamsters. Industries with the largest number of members include communication, paper products, construction, communication and public utilities and transportation. By county, union membership is highest in Aiken, followed by Charleston, York, Richland and Georgetown counties.

5. Required Tables: Table II.B.5.a.1 and Table II.B.5.a.2 are included as requested, at the end of Section II.

- a. Table II.B.5.a.1 shows the number of worksites by county and size and number of worksites by county and SIC codes. Table II.B.5.a.2 shows number of workers by SIC Codes.

- b. Table II.B.5.b shows the number of workers in worksites by SIC codes.

- C. Schools: This section discusses the organization of private and public education and describes the organizations and unions associated with schools. Required tables are included.

SC has a history of 121 years of public education. As state business leaders and legislators have recognized that there is a strong link between the state's economy and education, there is a strong commitment to education. As a result of this commitment, the Education Improvement Act (EIA), funded by an additional \$.01 sales tax, was passed in 1984. Nationwide, this has been heralded as a landmark education reform in public education. Over 60 new programs and practices have produced notable, measurable improvement in SC public schools. Largely due to the success of the EIA, another education reform, Target 2000, was approved by the General Assembly in the Spring of 1989. It extended some EIA programs and mandated new programs, anticipating even further improvements. Another notable landmark occurred in 1988 when the SC legislature mandated health education in SC public schools by passage of the Comprehensive School Health Education Act.

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By fostering working relationships with local schools, businesses and industries are also active in supporting their community schools. All of the state's 91 public school districts participate in these partnerships, representing a 500% growth in these formal relationships over the past five years. Business and industry for example, may provide support, resources and apprenticeship opportunities, while schools may provide graduates for employment. Another particularly important link between schools and the business/industry community is the presence of the 50 vocational centers throughout the state.

1. Organization of Public and Private Education:

- a. Elementary and Secondary Education: Public elementary and secondary education in SC is comprised of 91 school districts, along with four special school districts. Included are 614 elementary schools (grades 1-4), 163 middle schools (grades 5-8), 47 junior high schools (grades 7-8), 197 high schools (grades 9-12), 12 special schools and 50 vocational centers for a total of 1108 schools. Enrollment is 617,000 students, served by 35,063 teachers and 6,827 administrative staff. The largest enrollment is in the Greenville School District which has 52,036 students.

Private elementary and secondary schools total 265 and have an enrollment estimated of 38,311. This includes 93 elementary schools (grades 1-8), 13 secondary schools (grades 9-12), and 16 schools classified as "ungraded". The majority have religious affiliation and support. The largest number are in the larger metropolitan areas. The greatest number of private school children enrolled is in Charleston where 6,443 students are enrolled, accounting for 14% of the area students. Jasper County has the largest proportion of private students at 22%. Statewide only 9 counties have more than 1000 private students, and in most counties, private students account for less than 5% of all students.

- b. Higher Education: Higher education also has a very visible presence in the state. SC has 63 institutions of higher education, including 30 private and 33 public schools. The public sector includes 3 universities, nine four-year colleges, five two-year University of SC campuses, and sixteen two-year technical colleges. The State Board for Technical and Comprehensive Education is the state agency that regulates and coordinates the state's 16 technical

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college system. It is recognized as one of the finest systems in the United States, with over 160,000 students passing through their doors every year. Private campuses include twenty four-year colleges and ten two-year institutions. Most of the private colleges are relatively small liberal arts institutions, often with religious affiliation. While the majority of all higher education institutions are located in the larger metropolitan areas, there is good geographical distribution throughout the state. In particular, the sixteen technical schools are distributed on a regional basis, so that all state residents are within 33 miles of a technical college. Although SC ranks behind the U.S. average in higher education enrollment, (11% versus 12%), there is an increasing enrollment annually. In fall 1987, there were 138,350 students enrolled in higher education in SC.

2. Organizations and Unions Associated with Schools:

- a. Unions: SC is generally considered to be a non-union state in labor and industry as well as in the education and health care sectors. There are two groups which represent school teachers, although it is unclear how significant they are. The SC Education Association, which will not reveal its total membership, is estimated to represent 18,000 - 20,000 teachers statewide, or nearly half of all SC teachers. SCEA functions to protect the interests of its members in terms of salary, working conditions, benefits, problem resolution and educational lobbying. Another group, the SC Federation of Teachers, is located in Charleston. This group represents a much smaller constituency. In any event, there has never been any school time lost in SC public education in recent years due to teacher strikes.

The largest non-union professional organization representing educational professionals in SC is the Palmetto Teachers Association, numbering 3000 members, the majority of whom are classroom teachers. Their philosophy is for all SC students to have free, uninterrupted, quality education. In addition to providing members with professional benefits, they represent a strong educational lobby.

Numerous special interest organizations also have statewide as well as local organizations within school districts. For example, these include, but are not limited to the following: SC Athletic Coaches

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Association, SC Association of School Administrators, SC Association of Secondary School Principals, SC School Health Association, SC Association of School Librarians, SC Council of Teachers of Math, Independent Schools Association, and Palmetto Association of Independent Schools.

Higher education also is represented by a variety of organizations, the most prominent of which is the Commission on Higher Education which is located in Columbia. State employees in higher education are also eligible to become members of the SC State Employees Association which has 23,000 members and serves as an advocate for salary, fringe benefits, and retirement benefits.

- b. Parent - Teacher Associations and Organizations: Parent - Teacher Associations (PTAs), which have national as well as international affiliations, are a very active force in SC schools. The SC PTA boasts 510 member schools representing 20 statewide PTA districts and over 180,000 members. Members include not only parents and teachers, but other interested adults, and in some districts, students as well. They are very active in legislative lobbying and have been influential in the passage of many educational reforms. State and local PTAs have a great deal of autonomy in prioritizing their needs. With their priority on better education for young people, they are very receptive to health promotion strategies.

Parent-teacher organizations (PTOs), which are individual school organizations, are less predominant and have no established networks between them as they function solely to serve the interests of only their school. PTAs and PTOs do not co-exist.

3. Required Table: Table II.C.3. is given at the end of Section II.

- D. Community Networks: This section describes the major community networks in which smokers are significantly represented as members and/or constituencies.

Church Networks: SC lies in the "Bible Belt" and has an extremely active church network. Baptists predominate, with one out of every three South Carolinians reporting this religious affiliation. Within the Baptist community, 75% of all Baptists belong to the Southern Baptist SC Convention which represents the largest evangelical denomination in the state. They have 707,520 members represented by 1,827

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churches and missions throughout the state. Structurally they function on three levels--local, association (collective groups of 13-44 churches) and state. Programs include community, social and ministerial. Each level is relatively autonomous, with local churches having the option of voluntarily participating in association and state levels.

The SC Baptist Convention has been a leader in the state's religious community in undertaking health-related risk reduction programs for their membership. In recent years they have conducted a teen pregnancy reduction program and are currently involved in a prenatal mission project, in conjunction with the SC Department of Health and Environmental Control. Although these programs are administered through the SC Baptist Convention, their broad focus is ecumenical in nature.

The Christian Action Council is another important church network. This ecumenical organization links the 18 major denominations in SC including Baptists, Quakers, Lutherans, Methodists, Catholics, Episcopalians, Presbyterians, and others. Because of its diversity and because its members tend to be the larger, more visible denominations, it has the potential to reach large numbers of persons, not only through direct contact with churchgoers, but indirectly through their networks of friends and business associates.

Black Community Networks: Another important consideration when looking at community networks in SC is the large black community. SC is one of two states in the nation where blacks number more than 30% of the population. The strongest network in the black community is that of black churches. And although a significant number of blacks are Baptists, there are several other denominations which are predominantly black. The African Methodist Episcopal Churches represent a large constituency and they, like the SC Baptist Convention, have been active in health education for their members.

Another important link between black churches is the Coalition of Black Churches, which links black churches throughout the state. Three years old, the Coalition of Black Churches, was formed to bring together minority church leaders to help eradicate drug and alcohol abuse among minority youth. Recently it has also focused on other issues causing decay in the black community. Once the coalition meets and decides on a project to undertake, a professional consultant determines the feasibility of such a project. Once approved, the project is administered through "train the trainer" programs, thereby allowing trainers to return to local areas to do further training within their constituency. This group is particularly receptive to interventions to improve minority

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health and social problems.

A number of other organizations exist specifically to serve the needs and interests of the minority communities in the state. The Columbia Urban League is an interracial organization that serves blacks and economically disadvantaged individuals. It develops and implements programs designed to alleviate inequities in employment, education, and social welfare. With a staff of 21 paid employees, the League provides services to the young and old alike.

The National Black Family Summit serves as a forum for the presentation and discussion of pertinent issues impacting the status of the black family. The Summit is made up of representatives of state, governmental and private sector institutions, as well as healthcare providers and human service practitioners.

The SC Coalition for Public Health is a private, non-profit organization, chartered by the state of SC. Its mission is to promote improvements in the health status of blacks and other minorities in the state. Membership consists of organizations and individuals committed to that mission. The coalition develops strategies for program interventions in minority communities and coordinates organizations for the implementation of those strategies.

Other Networks: For adolescents and youth as a target group, schools are the most obvious intervention channel. Another important access to this group however, is through community youth groups such as Young Life, 4-H, FFA, FHA, Girl Scouts, Boy Scouts, Junior Achievement, YMCA and YWCA. Many of these organizations are present in local communities and are linked to a state level organization, providing access to large numbers of young people. For adults, other important networks are through the presence of the many civic, cultural, educational, business, service, political, religious and special interest groups. Many of the larger, well known groups such as the Jaycees, Kiwanis and United Way exist within individual communities and are linked to state and national levels. Others exist only within the immediate community, but are linked through area Chambers of Commerce.

State Networks: An important tobacco-related network in SC is the Clean Indoor Air Coalition whose members include the SC divisions of the American Cancer Society, American Lung Association, American Heart Association, DHEC, the SC Public Health Association, the SC Hospital Association and other groups. This coalition was formed to promote a smoke free environment in SC and recently witnessed passage of the Clean Indoor Air Act of 1990. The recently organized Tobacco Free

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SC coalition will also be an important network and will be discussed in Section II.E.

Two voluntary health organizations, the SC divisions of American Cancer Society and American Lung Association are already very active in promoting non-smoking in SC. These will be further discussed in Section II.E.

- E. Community Environment: This section discusses the presence and relative influence of cues and messages supporting smoking and non-smoking and the potential for decreasing those supporting smoking and increasing those supporting non-smoking.

1. Presence and Influence of Cues and Messages: From a community environment standpoint, SC has the image of a so-called "tobacco state". In reality, although tobacco is the state's leading cash crop, there is little manufacturing of the product here. There is however, a significant smoking population. Approximately 26% of the state's population smokes.

Policy and laws set the precedence for the smoking cues that can and do exist. Nationally, there has been a drive to curtail tobacco promotion and use over the past two decades, and SC is no exception. A recent development which has also fueled this movement is the decision of the Environmental Protection Agency to classify tobacco smoke as a carcinogen and to cite it as the primary carcinogen at worksites.

After five years of lobbying by the SC Clean Indoor Air Coalition, the Clean Indoor Air Act was passed in 1990. This act prohibits smoking in indoor public areas statewide except in restaurants and designated smoking areas. Because of the presence of a strong tobacco lobby in this state, tobacco lobbyists were involved in the wording of the bill. However, a prompt reaction to the new law was the passage of a law requiring non-discrimination in hiring smokers; this passed without debate and was largely unnoticed.

Statewide, there has been a trend by employers and businesses to enact smoke free environment policies. Both the SC DHEC and the SC Department of Mental Health are smoke free as well as hospitals statewide (with the exception of two in the Pee Dee region which are heavily tobacco subsidized). The number of restaurants providing non-smoking areas continues to increase, largely in response to public demand. In hotels and motels, the demand for non-smoking rooms also continues to rise.

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These cues are viewed as visible support for a smoke free environment. With the passage of the Clean Indoor Air Act, the Clean Indoor Air Coalition will be integrated with Tobacco Free SC.

2. Potential for decreasing messages supporting smoking and increasing messages supporting non-smoking:

Tobacco Free SC: Recently, after months of planning, a new coalition, called the Tobacco Free SC, had its organizational meeting in the Spring of 1990, in Columbia. This coalition was formed in response to ever growing numbers of concerned citizens, businesses and agencies desiring to coordinate efforts statewide to restrict and diminish tobacco use in SC. Membership includes social, civic, health, volunteer, trade, business, school, government, military, churches and many other interested groups. This coalition, which will be described in detail in Section VI, is seen as a vehicle to establish non-smoking as the norm, to further strengthen efforts to achieve this goal, and to coordinate the efforts of existing networks to promote a smokeless environment.

Policy: SC has no laws regulating tobacco sponsorship of civic and social events, and although many groups refuse this sponsorship, some events, such as NASCAR racing, are actively supported by tobacco sponsorship. Product displays, as well as free product samples and product "extenders" (promotional items displaying the product name) are available and designed to entice attendees. For events which are broadcast on television, this provides a way to bypass the restriction of advertising tobacco products. Most messages are also very specific to the target group attending the event.

Although state law prohibits the sale or giving of tobacco to minors under age 18, this law is virtually unenforced. Direct purchases by minors are rarely challenged. And as is the problem nationwide, vending machines permit easy access. The presence of a health warning on the machines is not an effective deterrent. Providing tobacco to minors in this state is considered a misdemeanor crime, but according to state magistrates, is virtually never tried in court. Since 1985, only one (unsuccessful) civil suit has been brought against a convenience store for selling cigarettes to minors.

Advertising: As is the case nationwide, tobacco advertising has not been on television and radio stations since 1971. Despite reported increases in advertising in the print media, there actually appears to be a decrease

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in this advertising in SC. The State newspaper, which has the largest circulation of any of the 17 major newspapers in SC, reports that national tobacco advertising has decreased from a level of 4 to 5% of advertising revenue five years ago to the current level of less than 1% (estimated to be at 0.4 to 0.5%). Correspondingly, the number of anti-smoking messages, including health messages, smoking cessation messages and programs advertising, has dramatically increased.

At least in major metropolitan areas, this holds true for outdoor advertising (including billboards, mass transit advertising, and park bench advertising) as well. For example, Service Media Incorporated, the largest outdoor ad agency in Charleston accepts no advertising promoting tobacco use. Its counterpart, in Columbia, accepts tobacco related ads, but reports that this accounts for approximately 10% of revenue, and that this continues to decline annually. Neither agency charges for a number of volunteer health agency educational and research ads which promote non-smoking and smoking cessation, although blatant anti-smoking messages are not accepted by the Columbia agency.

Voluntary Organizations: Voluntary health organizations - in particular the SC branches of the American Cancer Society, the American Lung Association, and the American Heart Association, provide a strong anti-smoking presence throughout the state. In addition to media advertising, they have educational brochures, signs, and posters available to businesses, schools and interested groups. Also, a variety of programs are offered to smokers desiring to quit and to those at risk for starting to smoke.

To reach the state's school children, each year in January, the American Cancer Society and the American Lung Association, in conjunction with SC ETV, participate in the National Smoking Education Week by presenting non-smoking films and materials in classrooms. Last year, 330,603 students in grades K-12 were reached. This represents 70% of all SC students as compared to 40% reached nationwide. Another joint prevention project, "The Smoke Free Class of 2000", educates students graduating in the Year 2000 (now in third grade) with an annual packet of smoking prevention information designed to result in a smoke free class of 12th graders in the Year 2000.

The American Lung Association with seven branch offices located in major cities throughout the state, concentrates

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primarily on smoking cessation strategies and programs aimed at the general public, worksites and businesses. They too provide a number of posters, educational materials, and audiovisual aids to promote non-smoking to the public.

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TABLE II.A.4.a.

NUMBER OF PHYSICIANS, NURSES, PHARMACISTS, AND NURSE PRACTITIONERS
BY COUNTY AND SPECIALTY

NOTE: Abbreviation Descriptions are Listed at the End of Table II.A.4.a

C O U N T Y	PHYSICIANS					DENT	NURS	PHAR	NP
	FP/GP	OB/GYN	IN	PD	OTHER				
ABBEVILLE	6	1	2	0	7	4	71	12	3
AIKEN	20	7	9	3	55	45	463	67	16
ALLENDALE	7	0	0	0	2	4	37	6	0
ANDERSON	66	9	14	12	104	57	836	113	160
BAMBERG	6	0	0	1	8	5	84	20	6
BARNWELL	8	2	0	1	8	9	91	21	2
BEAUFORT	18	11	11	7	55	43	420	45	7
BERKELEY	17	1	1	3	1	24	162	33	2
CALHOUN	4	0	1	0	0	4	15	6	0
CHARLESTON	127	68	145	73	827	218	3,887	314	95
CHEROKEE	12	3	3	1	14	10	216	21	10
CHESTER	7	1	2	1	19	8	132	20	2
CHESTERFIELD	14	1	2	0	10	10	143	21	3
CLARENDON	7	0	1	0	8	8	93	21	2
COLLETON	8	1	3	2	20	10	174	20	6

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C O U N T Y	PHYSICIANS					DENT	NURS	PHAR	NP
	FP/GP	OB/GYN	IN	PD	OTHER				
DARLINGTON	21	6	4	8	19	21	337	43	4
DILLON	7	2	6	1	8	7	155	15	2
DORCHESTER	17	5	3	3	13	38	165	46	3
EDGEFIELD	6	0	1	0	7	5	41	10	1
FAIRFIELD	7	0	1	1	3	8	89	14	1
FLORENCE	49	14	18	10	136	58	1,369	85	33
GEORGETOWN	19	10	5	2	23	19	290	36	7
GREENVILLE	118	46	60	57	365	163	2,806	251	3
GREENWOOD	35	8	9	7	64	30	542	54	5
HAMPTON	6	0	0	0	8	8	54	12	2
HORRY	39	21	15	6	103	53	798	94	23
JASPER	6	2	2	2	5	2	58	11	2
KERSHAW	9	3	5	3	24	20	232	21	6
LANCASTER	12	2	5	3	24	21	340	28	10
LAURENS	23	4	1	1	16	13	326	36	3
LEE	5	0	2	0	1	2	39	7	16
LEXINGTON	33	16	16	9	85	73	858	134	0
MCCORMICK	3	0	0	0	1	0	16	4	6
MARION	9	4	7	3	17	9	271	23	3

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C O U N T Y	PHYSICIANS					DENT	NURS	PHAR	NP
	FP/GP	OB/GYN	IM	PD	OTHER				
MARLBORO	5	2	3	1	12	6	150	13	5
NEWBERRY	10	1	6	2	16	13	136	22	2
OCONEE	18	3	2	4	16	15	264	26	82
ORANGEBURG	22	6	7	6	57	28	540	66	4
PICKENS	35	15	5	5	22	27	395	60	4
RICHLAND	124	48	104	52	652	154	4,221	304	110
SALUDA	6	0	0	0	0	3	46	9	0
SPARTANBURG	102	23	21	11	218	89	1,768	192	30
SUMTER	11	6	7	6	48	32	501	40	10
UNION	9	0	4	2	12	11	146	15	2
WILLIAMSBURG	9	2	0	2	13	9	110	22	3
YORK	35	13	7	8	68	46	575	66	21
TOTAL	1,137	367	520	319	3,194	1,350	24,462	2,396	727

NOTE: Abbreviation Descriptions are as Follows:

FP = Family Practice	GP = General Practice	OB = Obstetrician	GYN = Gynecologist
DENT = Dentist	NURS = Nurse	PHAR = Pharmacist	NP = Nurse Practitioners
IM = Internal Medicine			

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TABLE II.A.4.b.

PROVIDERS BY CONTINUING PROFESSIONAL EDUCATION
 SOURCE: MIDLANDS AHEC, SC MEDICAL ASSOCIATION
 SC BOARD OF PHARMACY, MEDICAL UNIVERSITY OF S.C.

NOTE: Abbreviation Descriptions at End of Table

ORGANIZATION	PHYS	DENT	NURS	PHAR	PA
American Epilepsy Society	X				X
Anderson Memorial Hospital	X				X
Anderson Dental Society		X			
Assoc. of Operating Room Nurses			X		
Baptist Medical Center, Columbia			X		
Catawba Study Club		X			
Catawba-Wateree AHEC		X	X	X	
Central District Dental Society		X			
Charleston Dental Society		X			
Coastal District Dental Society		X			
Columbia Medical Society	X				X
Darlington Study Club		X			
Dorn VA Hospital, Columbia			X		
Drug Information Center Spartanburg				X	
Edisto Study Club		X			
Florence Dental Society		X			
Georgetown Study Club		X			
Greater Columbia Dental Society		X			
Grand Strand Dental Society		X			

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O R G A N I Z A T I O N	PHYS	DENT	NURS	PHAR	PA
Greater Medical, Dental/Pharmaceutical Assoc.				X	
Greenville, AHEC		X	X	X	
Greenville General Hospital	X				X
Greenwood Dental Society		X			
Lexington Medical Center Columbia			X		
Low Country AHEC		X	X	X	
McLeod Regional Medical Center	X				X
Medical University of S.C.	X		X		X
Midlands Technical College			X		
Midlands AHEC		X	X	X	
N. Charleston Dental Study Club		X			
N. Columbia Study Club		X			
Oncology Nursing Society			X		
Pee Dee AHEC		X	X	X	
Pee Dee Study Club		X			
Piedmont Pharmaceutical Association Spartanburg				X	
Piedmont District Dental Society		X			
Providence Hospital			X		
Richland Memorial Hospital			X		
Roper Hospital	X				X
S.C. Academy of General Dentistry		X			
S.C. Dental Association		X			
S.C. Nurses Association			X		

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ORGANIZATION	PHYS	DENT	NURS	PHAR	PA
S.C. State Medical Association	X				X
S.C. AHEC		X	X	X	
S.C. Pharmaceutical Association				X	
S.C. Academy of Physician Assistants					X
Spartanburg Dental Society		X			
Spartanburg Regional Medical Center	X			X	X
St. Francis Hospital, Greenville	X				X
State Board of Nursing for S.C.			X		
Tri-County Dental Society		X			
Upper Savannah AHEC		X	X	X	
USC School of Medicine	X				X
USC School of Nursing			X		
Wallace Thomson Hospital				X	
Wm.S. Hall Psychiatric Institute	X				X

NOTE: PHYS = Physicians
 NRS = Nurses
 PA = Physician Assistants

DENT = Dentists
 PHAR = Pharmacists

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TABLE II.B.5.a.1.

WORKSITE DISTRIBUTION BY SIC CODES AND COUNTY
 (#OF WORKSITES IN EACH COUNTY)

SOURCE: 1987 SC COUNTY BUSINESS PATTERNS

NOTE: Abbreviation Definitions listed at End of This Table

S I C C O D E S										
C O U N T Y	01-09	10-14	15-17	20-39	40-49	50-51	52-59	60-67	70-79 81, 86-89	90-97 80,83
	AGR. FSTRY FSHNG	MING	CONST	MANUF	TRANS	WS RT T R A D E		FIN. INS. R.E.	BUS SERV	HLTH SOC. SERV
ABBEVILLE	1	-	29	31	11	11	93	28	72	30
AIKEN	34	8	235	24	74	87	596	166	494	157
ALLENDALE	-	-	173	16	8	16	52	5	50*	-
ANDERSON	33	1	334	203	78	194	945	219	698	255
BAMBERG	8	-	17	34	10	7	95	19	70	24
BARNWELL	3	-	32	24	12	13	125	21	68	41
BEAUFORT	60	-	332	70	78	105	740	307	660	177
BERKELEY	25	4	206	75	58	50	354	88	246	67
CALHOUN	4	1	24	16	6	10	41	11	50*	-
CHARLESTON	107	3	759	239	379	519	2349	794	2133	725

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S I C C O D E S

C O U N T Y	01-09	10-14	15-17	20-39	40-49	50-51	52-59	60-67	70-79 81, 86-89	90-97 80,83
	AGR. FSTRY FSHNG	MINI	CONST	MANUF	TRANS	WS RT T R A D E		FIN. INS. R.E.	BUS SERV	HLTH SOC. SERV
CHEROKEE	4	3	88	63	23	34	116	53	201	61
CHESTER	6	-	62	62	20	26	156	28	123	33
CHESTERFIELD	6	6	47	64	18	43	227	47	131	43
CLARENDON	10	-	42	33	16	29	159	36	83	30
COLLETON	19	1	77	55	21	40	199	50	162	50
DARLINGTON	12	-	80	79	43	87	386	73	241	97
DILLON	7	1	25	38	16	44	171	29	111	29
DORCHESTER	25	3	195	79	43	51	353	92	311	103
EDGEFIELD	9	-	27	46	15	19	98	18	52	23
FAIRFIELD	1	3	25	52	26	18	89	19	64	11
FLORENCE	28	-	272	144	112	232	884	232	543	252
GEORGETOWN	20	1	106	96	45	49	368	95	255	84
GREENVILLE	95	7	841	650	260	831	2211	698	2154	630
GREENWOOD	15	1	131	98	36	76	416	116	281	113

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S I C C O D E S

C O U N T Y	01-09	10-14	15-17	20-39	40-49	50-51	52-59	60-67	70-79 81, 86-89	90-97 80,83
	AGR. FSTRY FSHNG	MINI	CONST	MANUF	TRANS	WS RT T R A D E		FIN. INS. R.E.	BUS SERV	HLTH SOC. SERV
HAMPTON	7	1	45	39	13	35	123	16	90	10
HORRY	57	4	535	139	85	237	1675	438	1280	255
JASPER	10	1	40	18	9	8	103	15	62	21
KERSHAW	24	5	124	80	32	34	289	74	212	62
LANCASTER	7	4	117	65	20	31	328	61	240	64
LAURENS	7	1	80	80	18	44	248	58	175	56
LEE	5	-	18	24	15	26	91	14	66*	-
LEXINGTON	37	5	532	203	128	275	884	191	805	218
MCCORMICK	-	-	10	23	6	6	39	191	28*	-
MARION	4	2	43	50	25	36	210	38	134	52
MARLBORO	2	3	29	32	22	21	146	27	91	29
NEWBERRY	9	-	61	62	20	30	181	34	139	43
OCONEE	13	-	150	93	23	54	304	79	235	77
ORANGEBURG	18	-	136	107	54	112	534	134	378	142
PICKENS	18	1	269	125	38	81	500	114	369	104

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S I C C O D E S										
C O U N T Y	01-09	10-14	15-17	20-39	40-49	50-51	52-59	60-67	70-79 81, 86-89	90-97 80,83
	AGR. FSTRY FSHNG	MINING	CONST	MANUF	TRANS	WS	RT	FIN. INS. R.E.	BUS SERV	HLTH SOC. SERV
						T R A D E				
RICHLAND	71	5	582	252	213	632	1931	518	2170	654
SALUDA	5	1	34	35	16	19	87	11	56	9
SPARTANBURG	54	2	481	407	144	459	1394	376	1140	397
SUMTER	19	1	190	81	61	116	521	147	381	118
UNION	3	1	34	48	17	28	160	32	116	36
WILLIAMSBURG	11	2	31	38	17	43	171	29	111	35
YORK	36	2	347	204	64	224	741	203	646	179
*No Separate Listing Under Services Health/Social Services										

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NOTE: Abbreviation Definitions are as Follows:

AGR.	=	Agriculture	FSTRY	=	Forestry	FSHNG	=	Fishing
MINING	=	Mining	CONST	=	Construction	MANUF	=	Manufacturing
TRANS	=	Transportation	WS	=	Whole Sale	RT	=	Retail
BUS	=	Business	SERV	=	Services	HLTH	=	Health
SOC.	=	Social						

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TABLE 11.B.5.a.2
WORKSITE DISTRIBUTION BY SIC CODES AND NUMBER OF EMPLOYEES
SOURCE: SC 1987 COUNTY BUSINESS PATTERNS

NUMBER OF ESTABLISHMENTS BY EMPLOYMENT, SIZE, CLASS

SIC CODES		1-19	20-49	50-99	244	499	999	1000 +
01-09	AGRICULTURE FORESTRY AND FISHING	910	32	4	2	2	--	--
10-14	MINING	58	25	6	1	--	--	--
15-17	CONSTRUCTION	7112	536	163	57	15	7	5
20-39	MANUFACTURING	2676	636	397	462	242	115	40
40-49	TRANSPORTATION COMMUNICATION AND PUBLIC WORKS	1927	313	124	64	17	4	2
50-51	WHOLESALE TRADE	4521	487	111	39	10	1	--
52-59	RETAIL TRADE	19053	2039	696	185	25	3	--
60-67	FINANCE, INSURANCE AND REAL ESTATE	5736	333	99	46	14	6	4
70-79 81, 86-98	*BUSINESS AND SERVICES	16695	1067	258	140	39	12	5
80, 83	**HEALTH, SOCIAL SERVICES	5246	183	81	71	13	11	6
*TOTAL SERVICES - BUSINESS AND SERVICES								
**TOTAL SERVICES - HEALTH AND SOCIAL SERVICES								

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TABLE 11.B.5.b
LABOR FORCE AND EMPLOYMENT STATUS IN THOUSANDS
SOURCE: STATE AND METROPOLITAN AREA DATA BASE
AND 1987 CENSUS OF AGRICULTURE

COUNTY	TOTAL POPULATION	UN EMPLOYED	TOTAL EMPLOYED	MANU FACTURING	RETAIL	FINANCE	SERVICE	FARMER	GOVERN MENT
ABBEVILLE	22,600	1,159	4,836	3,462	524	153	392	162	51
AIKEN	118,500	2,979	36,021	20,041	5,984	975	4,605	236	533
ALLENDALE	10,660	458	1,835	1,110	259	33	163	63	33
ANDERSON	140,700	4,898	42,211	19,993	8,567	1,275	6,603	385	299
BAMBERG	18,200	640	3,131	1,459	684	117	481	128	47
BARNWELL	21,000	760	5,149	3,132	646	98	648	118	47
BEAUFORT	83,100	1,508	21,125	1,074	6,271	2,841	6,158	66	204
BERKELEY	123,700	2,247	12,612	4,793	2,725	344	1,413	113	1,671
CALHOUN	12,200	404	1067	297	191	52	114	83	35
CHARLESTON	286,300	6,494	95,643	11,879	25,147	6,186	29,996	135	17,295
CHEROKEE	41,100	1,542	14,064	7,985	2,368	247	1,642	141	85
CHESTER	30,700	1,345	6,641	6,174	1,117	156	630	187	87
CHESTERFIELD	38,600	1,450	10,271	6,694	1,578	245	875	187	87
CLARENDON	28,200	1,217	5,413	1,688	1,181	138	787	241	70
COLLETON	34,600	1,345	7,118	2,411	1,682	518	1,020	197	107
DARLINGTON	64,300	2,455	17,018	7,099	2,584	448	3,358	261	112

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COUNTY	TOTAL POPULATION	UN EMPLOYED	TOTAL EMPLOYED	MANU FACTURING	RETAIL	FINANCE	SERVICE	FARMER	GOVERN MENT
DILLON	32,300	1,208	6,351	2,918	1,468	190	969	182	93
DORCHESTER	75,600	1,352	12,030	3,037	3,093	423	2,805	152	135
EDGEFIELD	18,000	431	3,528	2,202	507	67	347	98	76
FAIRFIELD	21,200	775	4,525	2,389	495	76	250	66	50
FLORENCE	116,000	3,948	37,541	12,133	8,192	1,846	7,834	532	545
GEORGETOWN	47,000	2,226	11,886	4,200	2,772	457	2,210	90	84
GREENVILLE	306,300	7,796	179,351	50,422	27,680	9,054	31,756	253	1,170
GREENWOOD	58,800	2,393	22,424	11,791	4,322	873	2,558	132	191
HAMPTON	18,800	648	4,085	1,688	825	179	532	103	56
HORRY	130,600	5,243	45,176	6,690	14,628	3,803	11,412	665	1,165
JASPER	15,000	457	2,493	89	900	50	889	62	34
KERSHAW	42,600	1,286	13,368	8,188	2,097	306	1,229	74	106
LANCASTER	55,000	2,127	16,028	9,754	2,465	485	1,561	136	85
LAURENS	53,500	1,824	13,492	8,095	2,080	419	1,692	206	110
LEE	18,800	644	2,171	1,044	438	45	344	149	49
LEXINGTON	170,100	2,871	35,189	11,874	7,781	989	5,978	270	326
MCCORMICK	7,300	356	920	480	132	10	136	25	119
MARION	34,500	1,634	9,166	5,647	1,376	335	865	183	88
MARLBORO	31,700	1,434	6,928	4,547	893	131	691	126	86

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COUNTY	TOTAL POPULATION	UN EMPLOYED	TOTAL EMPLOYED	MANU FACTURING	RETAIL	FINANCE	SERVICE	FARMER	GOVERN MENT
NEWBERRY	32,100	1,006	9,117	4,826	1,589	222	1,118	216	132
OCONEE	53,100	1,894	13,458	6,932	2,087	584	2,341	231	132
ORANGEBURG	87,300	3,309	21,507	9,279	4,730	966	3,349	485	209
PICKENS	87,500	2,647	24,110	12,971	4,746	651	3,083	175	206
RICHLAND	274,600	5,595	110,590	15,728	22,746	15,514	30,973	132	7,379
SALUDA	17,100	488	3,009	1,631	450	42	321	260	47
SPARTANBURG	212,600	6,454	80,503	36,559	14,105	2,527	14,898	363	646
SUMTER	95,000	2,920	23,884	9,670	4,953	983	4,067	274	1,277
UNION	30,300	1,374	8,523	5,869	1,229	191	732	87	87
WILLIAMSBURG	38,200	1,413	6,370	3,194	1,102	233	604	433	95
YORK	120,800	3,342	32,008	11,107	6,412	1,183	5,779	185	229
STATE TOTAL	3,376,160	99,996	1,043,886	364,245	207,801	56,660	200,208	9,048	35,770

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